

DEPARTMENT OF AGRICULTURE
DIVISION OF MEASUREMENT STANDARDS
BUREAU OF WEIGHTS AND MEASURES

NORTHERN OFFICE
2150 FRAZER AVENUE
SPARKS, NV 89431
PHONE: (775) 353-3784
CELL: (775) 224-9810
FAX: (775) 353-3798

EMAIL CONTACT
rsa@agri.nv.gov

SOUTHERN OFFICE
2300 ST LOUIS AVE
LAS VEGAS, NV 89104
PHONE: (702) 668-4541
CELL: (702) 224-3622
FAX: (702) 668-4567

PLACED IN SERVICE REPORT LPG

Business Name _____ Date _____
Address _____
Phone _____

Vehicle/Year _____ Company No. _____ License No. _____
Meter Size _____ Model No. _____ Serial No. _____
Bypass To _____ Printer, Yes _____ No _____ Pump Pressure _____
Tank Percentage _____ Gears _____ Speed Shifter Letter _____

Seals Broken: _____

Head: Yes _____ No _____ Compensator: Yes _____ No _____ Measuring Chamber: Yes _____ No _____

Test	GPM	Meter Reading	Prover Reading	Prover Temperature	Power Temperature	Correction Multiple	Corrected Gallons	Gallons Difference	Gears Corrected to	Compensator Letter
Zero run										

TEST GALLONAGE:

NOTES:

Finish _____
Start _____
Total Gallons _____

METER

COMPENSATOR

S	A	OO	S	A	OO

Were Red or Blue Tags Removed? Yes _____ No _____

Remarks _____

Registered Service Agency _____ RSA No. _____
Address _____ City _____ State _____ Zip _____
Contact Person _____ Phone _____ Seal ID _____

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